Initial Application
Amended Application

Date: 324 23



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-341 - Ct

COMMITTEE TYPE (choose one):

Candidate	
Committee Name (required): (first or last name & office)	Cunningham for Council
Candidate Information:	Candidate's Name (required):
ouridatio mormation.	Candidate's mailing address (required):
*	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	☐ Mayor ☐ Council Member, Ward2
Election Cycle for Office Soug	ght (year the election will take place) (required):
Party Affiliation: (required)	☐ Democrat ☐ Libertarian ☐ Republican ☐ Other:
☐ Political Action Comm	nittee (PAC)
Committee Name (required): (if sponsored, must include sponsor's name)	
Political Function (optional):	☐ Contributions ☐ Candidate-Related Independent Expenditures
(select any that apply)	☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):Sponsor's website (if any):
Special Status must be filed	
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party	
Committee Name (required): (must include party affiliation)	
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)
	☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
Special Status must be filed (if applicable)	d with Secretary of State ☐ Standing Committee (must also complete separate standing committee registration)
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Revised: December 2016

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COMMITTEE ID NUMBER (office use only)

23-341-CT

COMMITTEE INFORMATION:

Contact Information:	Committee's mailing address (required):3849 E. Broadway Blvd #229 Tucson, AZ 85716
	Committee's email address (required):
	Committee's phone number (if any):
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required):
	Treasurer's physical address (required):
	Treasurer's mailing address (if different):
	Treasurer's email address (required):
	Treasurer's phone number (required):
	Treasurer's employer (required):
	Treasurer's occupation (required):
Bank or Financial Institution:	
(do not list acct numbers)	Additional bank name (if applicable):
	Additional bank name (if applicable):
chairperson or treasurer of the committee and authorize it to campaign finance and reporti	perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as the committee named herein, if applicable; (2) designate the above-named committee as my official candidate to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's sing guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S.) agree to accept all notifications and legal service of process for campaign finance purposes via the email
Chairperson's signature:	Date: